DO NOT WRITE AMENDED ON THIS STUB PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. COUNTY a. STATE b. COUNTY VS 300 admission) AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OF St. Louis. TÖWN Yes 🛣 No 🗀 St. Louis Mo. c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm HOSPITAL OF LOUIS City Hospital # ADDRESS 1020 Park, Ave. NYes □XNo □ Yes | No XX 3. NAME OF DECEASED Middle Day Year 3 (Type or print) М. DEATH Stephen Cook 21, 1963 October 9. AGE (last birthday) | 1F UNDER 1 YEAR 6. COLOR OR RACE DATE OF BIRTH 5. SEX --7. Married [Never Married KDK Widowed Divorced [Male White 0 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) St. Louis, Mo. | 14. NAME OF HUSBAND OR WIFE 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 7 ᅙ 0 Joe Cook Wilev Ruth Nil. 8 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT å (Yes, no or unknown) (If yes, give war or dates Joe Cook 1020 Park, Ave. 9 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY ONSET AND DEATH 10 ō 11 NSTEAD Conditions, if any, which gave rise to above cause (a), stating the under-13 lying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal deceased female WAS disease condition given in PART I (a) there a pregnancy in last 90 day AMENDMENTS □ Unknov 20a. ACCIDENT- SUICIDE HOMICIDE 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUTOPSY PERFORMED? NO [20c. TIME OF Hou Month, Day, Year OR ? . TYPEWRITER 'RIBBON INJURY USE BLACK INK 20f. CITY, TOWN, OR LOCATION STATE 20e, PLACE OF INJURY (e.g., in or about home, 20d. INJURY OCCURRED WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK and last saw him alive on. 21. I attended the deceased from on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at. SHOULD 22c. DATE \$IGNE 22b. ADDRESS (Degree or title) 22a. SIGNATURE Ö 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23a. BURIAL, CREMATION, AFFIDA o REMOVAL (Specify) Local Removal AODRESS 25. DATE RECD. BY, LOCAL REG 24. FUNERAL DIRECTOR Gish Funeral Home. Piedmont. Missouri.

(Licensed Embalmar's Statement on Reverse Side) :

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

STATEMENT BY LICENSED EMBALMER

Constr Beneline
Too to the Pennelium
2010 101 10100000
Licensed Embalmer No. 4283
P. O. Address Jours

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.